

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>M.G.</i>		<i>2/14/00</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>DMV</i>	<i>32</i>	<i>2/28</i>
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	<i>H</i>	<i>71423</i>	<i>4-3-00</i>
		<i>71423</i>	<i>8-30-00</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ∙ ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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